



## **SUGGESTED HEALTH POLICY GUIDELINES**

These guidelines have been developed by the State Department of Health and Environment as an aid to the Governing Board of Group Boarding Homes and Residential and Detention Centers for children and youth, to assist them in Developing written health policies as required by regulations.

Each child facility should have written health policies which have been developed as a result and good health planning. These policies should be discussed with the houseparents upon employment and copies should be kept in the home for their use.

Regulations for child care facilities are considered to be minimal standards of care, so planning should not be limited to just meeting regulations. This planning is best done with a local medical advisor and the public health nurse who is responsible for evaluating the facility for licensure.

Planning should insure that individuals working with children are mentally and physically healthy people who can provide a safe and a health environment. This would include a pre-employment physical examination as well as plans for substitute care in the event of illness. Persons with symptoms of an infectious disease should not be expected to give child care and in some instances (hepatitis, salmonella) may require clearance from a physician before returning to work.

Children in residence should have regular health and dental assessments. Provisions should be made to obtain these and correct problems which have been identified, as well as for on-going health supervision. Each child should have an individual health folder which is confidential, has current information and recording, and accompanies the child when health care is sought. Reports of past medical care should be obtained and become part of this folder. It is especially important that the physician have the report of past laboratory tests, medications, and other findings, when he is to see a child who has a chronic illness.

Procedures for emergency medical care should insure that a child can obtain care with the least possible delay, that consent forms and other necessary papers are readily available and that responsible persons are notified.

Judgement of the houseparent is necessary to safely treat minor illness which does not require the attention of a physician. Workshops and in-service education programs should be available to help increase the care giver's skill and knowledge in this area and they should be encouraged to attend these programs. County and state health departments may be able to assist with program planning by providing speakers, films and pamphlets. The public health nurse would have this information as well as knowledge of other health services which are available through health departments. Some suggestions for minor illness care are attached to these guidelines, however, they should be reviewed with the local medical advisor before incorporation in the written health policies. The medical advisor should be asked to provide guidelines for the use of non-prescription drugs. Indiscriminate use of over the counter drugs by houseparents may be hazardous to children and may lead to the houseparent being held liable of the ill effects of these medications.

Consideration will need to be given as to whether firearms are to be kept on the premises. Guns, poisons, and medication will need to be safeguarded in accordance with the Regulations for Licensing.

Houseparents will need policies which cover fire, tornadoes, and other disasters and suggestion for educating the residents so they will be prepared.

These guidelines are merely suggestions, but it is hoped that they will stimulate discussion of health care needs which will result in improved planning, communication, and utilization of local community services.

## **SUGGESTED OUTLINE FOR ORGANIZING WRITTEN HEALTH POLICIES**

### **I. Health Examinations:**

- A. Staff and Volunteers
  - 1. Frequency of examinations
  - 2. Where examination is obtained
  - 3. Special arrangements for the tests - chest X-ray
  - 4. Forms to be used - disposition of forms
  - 5. Payment
  - 6. Illness policies
- B. Residents

1. Frequency of examination
2. Where examination is obtained
3. Forms used
4. Disposition of forms
5. Individual medical records
6. Obtaining previous reports of medical care
7. Payment

II. A. Residents Dental Examination and Correction of Problems

1. Dentist
2. Frequency of examination
3. Correction of problems
4. Referral
5. Payment

III. Medical Care

1. Name of Physician or plan for regular care
2. Referring for special needs 0 (Vision - Neurologist - etc.)
3. Hospitalization
4. Consent forms
5. Custody papers
6. Records to accompany child
7. Who accompanies child
8. Payment

IV. Emergency Care

1. Physician or alternate plan
2. Hospital or emergency room
3. Ambulance
4. Consent forms
5. Notification of responsible person

V. Minor Illness Care

1. Education for staff
2. Use of medications

VI. Medications

A. Non-Prescription

1. Type kept on hand
2. Who administers
3. Recording
4. Storage
5. Purchase

B. Prescription Drugs

1. Type kept on hand
2. Who administers
3. Recording
4. Storage

VII. Firearms - Poisons

1. Where stored - locked cabinets
2. Use of these
3. Disposal of these

SUGGESTED MEDICATION AND FIRST AID SUPPLIES\*

Triaminic (Decongestant) for stuffy nose  
 Robitussin - Cough Mixture (Plain)  
 Aspirin - headaches and minor pain  
 Tylenol - headaches and minor pain (Does not contain aspirin)  
 Baking Soda  
 Soap  
 Gauze Pads  
 Roller Bandage  
 BandAids  
 Ice Pack  
 Hot Water Bottle

Thermometer - Oral & Rectal  
 Eye Dropper  
 Vaporizer (Hot or cold)  
 Neosporin Ointment

(STIMULANTS) and (SEDATIVES) should never be given unless prescribed by a physician for a specific child.

\*The medications on this list should be cleared with your local medical advisor. Children who have a chronic illness or are on regular medication should not be treated with non-prescription drugs without their physician's knowledge and approval.

### **FEVER**

An elevated temperature is a normal physiological response to infection. It is a useful guide in determining whether infection is present or not. It is usually accompanied by discomfort, fussiness, irritability and sometimes trembling. Some children have convulsions with fever of even a low degree. Fever and even short fever convulsions are not harmful to the child. Fever should be looked upon as a friend not a foe as it is a natural defense mechanism to infection.

Body temperature in children can be extremely variable depending on room temperature, clothing, activity and recent meals. Variation between 97° and 100°F is within normal range. Taking of temperature is useful in evaluating an illness; rising temperature is usually seen in the late afternoon and evening and does not necessarily mean the illness is worse.

Elevated temperature may be treated with aspirin, encouraging intake of liquids, dressing the child only in underpants and sponging the child in a lukewarm (not cold) bath. Do not use alcohol for bathing. These measure will make the child more comfortable and should be used to lessen the possibility of convulsions in a child who has had a previous convulsion with fever. These measures may not reduce the body temperature to normal. It is not necessary to try to bring the temperature down to normal. An overdose of aspirin or too vigorous bathing may actually increase body temperature.

Febrile convulsions are usually a short period of jerking of large muscles of the arms and legs and perhaps face followed by a drowsy state. The child should be placed with his head down and his nose and mouth wiped free of mucus during such an episode. Nothing else does any good. He will not swallow his tongue. Blowing on his face or throwing cold water on him are useless measures. If the seizure lasts more than a few minutes your physician should be contacted.

### **HOME NEUROLOGICAL OBSERVATION FOLLOWING HEAD INJURIES**

1. Examine child hourly for the first four hours, then every three hour for the next nine hours.
2. Child should be able to be aroused to full consciousness.
3. Pupils should be equal and constrict to light.
4. Facial expression (smiling, crying) and arm and leg movements should be equally forceful and symmetrical.
5. If your child does not react as described above, or if repeated vomiting prolonged severe headaches, irrational behavior, unsteadiness of gait develops, or if a convulsion occurs, notify the doctor immediately.

### **INSTRUCTIONS ON THE TREATMENT OF VOMITING AND DIARRHEA**

Vomiting and diarrhea are common symptoms in children. These may result from either a primary viral ("stomach flu") or occasionally bacterial infection of the stomach and intestinal tract, or they may be secondary to an infection elsewhere such as a respiratory infection. Young children may develop dehydration from vomiting and diarrhea. It is necessary to control these symptoms promptly. Symptoms of dehydration include fever, reduced urine production (less than every six hours), dry mouth and skin. A more serious disturbance may produce rapid breathing, extreme drowsiness and disorientation. The best treatment is to immediately place the stomach and intestinal tract at rest by withholding all food and fluids for one to two hours. Once vomiting has stopped, clear liquids may be started, which would include carbonated drinks such as 7-Up, Gingerale or Coke, in addition to Kool-Aid, sweetened tea, boullion, clear broth or jello water. Fruit juice, even diluted, may increase diarrhea or produce vomiting and it is best to avoid it. Start with small amounts of clear fluids using one to no more than two or three ounces at an offering every 30 to 40 minutes. If after two to three hours no vomiting has occurred, larger amounts of fluids may be permitted. After remaining on clear fluids for 12 to 24 hours, if no vomiting has occurred, it would be safe at that time to start strained applesauce, banana, toast and crackers. If this is tolerated for 24 hours one might follow it with fat free skim milk. After 24 to 36 hours the diet may be enlarged to include lean, broiled chicken or fish, Irish potato either baked or boiled, mashed with skim milk or water (but no butter), boiled rice, scraped raw apple. Avoid all fatty or greasy foods.

If your child has diarrhea, the same rules should be followed. Diarrhea most often is due to a virus infection of the intestinal tract and tends to run a course of 5 to 7 days. As long as the stools are loose the child should remain on the diet described above. In general, medication such as Kaopectate and Pepto Bismol are not effective in controlling diarrhea.

If vomiting persists longer than 24 hours, or if diarrhea is accompanied by blood in the stools, or if stools are more often than 8 to 10 per day or persist more than 7 days, your child should be examined by a physician. If diarrhea persists longer than 7 to 10 days a stool culture should be obtained.

## **COLDS**

The common cold is a frequent infection of the young child involving the nose, throat, upper breathing passageways and eyes. It characteristically begins with sneezing and stuffy nose, with red watery eyes, frequently progressing to cough. A "rattling" or vibration can often be felt in the chest. This is due to sound transmitted from mucus vibrating in the upper airway down to the chest. The throat feels full and raw, swallowing is difficult, particularly in babies who cannot breathe through their noses while sucking.

Colds are caused by a virus infection of the body. There are a great number of such viruses--probably several hundred different varieties. Immunity to these viruses develops as the child is infected with them and gets older so that colds become less frequent later in life. Young children may seem to have a cold almost constantly in the spring and fall months. Actually, they are probably infected by a number of separate viruses in succession. The infection is passed by the direct contact and is usually caused by being close to a person who has a cold or in a crowded, poorly ventilated room. Exposure to cold weather, wearing insufficient clothing and having wet feet have been proved to be unimportant as far as causing cold.

Treatment of a cold should have as a goal making the individual more comfortable and preventing further disease. Staying at home and resting quietly in the early stages will lessen coughing and runny nose as well as prevent the spread of the cold to others. Increasing the intake of clear fluids will ease throat discomfort and keep secretions moist. Decongestants are best taken by mouth rather than spraying or dropping medications in the nose. They should be used intermittently at sleeping or feeding times rather than on a regular schedule. They will not cure or prevent colds, but merely make the child more comfortable. A vaporizer or preferably a cold humidifier is effective in relieving stuffy nose and cough while the cold is sleeping. Mentholated rubs are of little value, may be irritating to the skin and are not recommended. Aspirin is a useful drug for controlling high fever and relieving pain but is only recommended for those symptoms. Its routine use for colds is not recommended. It is in fact a dangerous drug which should be used with extreme caution and kept locked up around small children. School children may return to school if there is no fever and coughing has subsided to tolerable level.

Signs of more serious illness are:

1. Earache, particularly if accompanied by fever which persists for more than a few hours;
2. Severe sore throat accompanied by persistent fever;
3. Rapid (more than 40 breaths per minute) or labored respirations with or without fever; Extreme lethargy, complete loss of appetite, pallor, cold sweats.

Your physician should be consulted if these signs develop or there are any questions of a serious problem. Hopefully with these guidelines commonly held but untrue ideas about this annoying illness can be dispelled and the cold dealt with intelligently.

At present there is no effective shot to provide immunity to colds. The "flu" shots currently available are not recommended for normal healthy children. Hopefully such immunization will be available in the future. There is no vitamin (including Vitamin C even in large doses) which increases resistance to colds or hastens recovery. Vitamin supplements are not recommended. Fresh air (even in winter), exercise, proper diet and rest--avoiding crowds and following rules of personal hygiene will aid the natural immune mechanisms in preventing colds.

**STREP THROAT** 90% have fever, sore glands, painful swallowing, may have stomach ache, bad breath, or rash. These children should be seen by a physician.

**EARACHES** Caused by fluid and pus in the middle ear from the eustachian tube. Usually due to cold, cough or stuffy nose. May be caused by foreign body in the ear. Pain is usually persistent; child may have fever. Hearing loss may result especially in children who have repeated infections. Mild earaches may be treated with aspirin or tylenol. Warm packs may help relieve pain. If earache persists child should be seen by a physician.

**HEADACHES** This is a very common complaint and usually does not need any treatment. If necessary use aspirin or tylenol. If there has been a head injury, headaches are usually accompanied by vomiting, visual problems and possible personality changes.

**SPRAIN** Apply ice pack immediately. This will help avoid the swelling which usually follows a sprain. Hot packs can be used after the first 24 hours to further reduce pain and swelling. The main concern is whether there is a fracture. If pain is severe or persistent, a physician should be contacted.

**BURNS** 1st degree--redness; 2nd degree--blister and redness; 3rd degree--blister and white color (skin beneath damaged). Immerse part in ice cold water immediately. If area is large, cover with clean dressing.

BURN IN EYES

Wash with clear cool water. Cover with gauze pad and obtain medical care immediately.

CONSTIPATION

Increase fluid intake, increase fruit, fresh or stewed, and whole grain cereal, decrease milk, chocolate. Avoid laxatives unless absolutely necessary. If constipation is a frequent occurrence you may need to review diet and bowel habits with public health nurse or physician.

INSECT BITES

Use ice-soda packs. Danger from brown spider bites. Usually extreme pain, turning black, fever.

TOOTHACHE

Temporary measure--aspirin or tylenol and ice pack until seen by a dentist.

ANIMAL BITES

Clean with soap and water. Cover with clean gauze dressing. Check with physician to discuss rabies and tetanus protection. Notify health department to request quarantine of animal.

MINOR CUTS

Clean with soap and water. Cover with a bandage. Tetanus should be up to date.

HEAD LICE

Kwell shampoo is a prescription item, but in some instances may be obtained from the local health department.

IMPETIGO

Cleanse off crusts with warm water and apply neo-sporin ointment.

PIN WORMS

May be seen in the stools. Treatment by a physician is necessary.